



PATENT

Docket No. 979-141

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Demia et al.
Serial No. : 10/536,477
Filed : December 8, 2005
For : OPTICAL DETECTOR DEVICE FOR A METER

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Petition for Two-Month Extension of Time, Check for \$460.00, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

By: 

Valentina Papraniku

Date: January 14, 2008

Mailing Address:

SOFER & HAROUN, L.L.P.
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Docket No. 979-141

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Demia et al. Group Art Unit: 2878
Serial No. : 10/536,477 Examiner: Luu, Thanh X
Filed : December 8, 2005
For : OPTICAL DETECTOR DEVICE FOR A METER

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

No additional fee is required.

The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

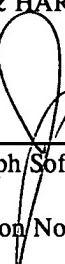
	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	20	-	20	=0	x \$50.00	\$ _____
Independent Claims	3	-	3	=0	x \$200.00	\$ _____
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)					\$ _____
					Total: \$	_____
<input type="checkbox"/>	Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith.					\$ _____
<input type="checkbox"/>	Charge fee to Deposit Account No. 19-2825 . Order No. _____					

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

- The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 979-141.
- Page(s) of substitute Sequence Listing
- Computer disk(s) containing substitute Sequence Listing
- Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- A check in the amount of \$ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

By: 
Joseph Sofer

Registration No. 34,438

Dated: January 14, 2008

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